



- \_\_\_\_\_ Failure of negotiations for whole grade sharing or rejection of whole grade sharing agreement \_\_\_\_\_
- \_\_\_\_\_ Loss of accreditation or revocation of a charter school contract \_\_\_\_\_
- \_\_\_\_\_ Severe health and/or pervasive harassment \_\_\_\_\_

(If good cause is related to change in status of child's resident district, open enrollment request must be filed within **45** days of last board action or within **30** days of certification of an election, whichever is applicable.)

If the application is being made in response to a severe health need or pervasive harassment of student, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. \_\_\_\_\_ Check here if you are requesting transportation assistance. (**ATTACH PROOF OF INCOME**)

I certify that the above information is true and that I have sent a copy of this form to my resident district and to the district I want my child to attend. \_\_\_\_\_ YES \_\_\_\_\_ NO

CAUTION: Knowingly providing false information on this form may invalidate the application.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or guardian

**Receiving District - Complete items A-D**

**Exceptions:** a) a desegregation plan exists in the resident district  
 b) the student alleges pervasive harassment, severe health condition  
 If either of these exists, the resident district completes E-G **before** the receiving district completes A-D

- A. Name of District \_\_\_\_\_
- B. Date application was received \_\_\_\_\_
- C. District Action  Approved  Denied \_\_\_\_\_ Date \_\_\_\_\_  
 If denied, indicate reason(s):  
 Request was not filed on time  Insufficient classroom space  Student on suspension or expulsion.  
 Proper special education program is not available.  Does not qualify for good cause.
- D. Signature of Superintendent \_\_\_\_\_

**Receiving district should mail copy to:** Lois Irwin, Ed.D, Iowa Department of Education, Grimes State Office Building, Des Moines, Iowa 50319

**Resident District**

**Do not complete this section unless** the resident district has a desegregation plan or the student claims pervasive harassment or severe health condition. If either of these exists the resident district completes items E-G **BEFORE** the receiving district completes A-D

- E. Name of District \_\_\_\_\_
- F. Date application was received \_\_\_\_\_ District Action  Approved  Denied  
 If denied, indicate reason:  
 Adverse affect desegregation plan  Insufficient evidence of harassment (past deadline)  
 Insufficient evidence of serious health condition that cannot be adequately addressed (past deadline)
- G. Signature of Superintendent \_\_\_\_\_